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| POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 09/357,349 |
| | Filing Date | July 14, 1999 |
| | First Named Inventor | Stefan Leo Jozef MASURE |
| | Title | Neurotrophic Growth Factor |
| | Art Unit | 1649 |
| | Examiner Name | TURNER, SHARON L |
| | Attorney Docket Number | JAB1305USCIP2 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

| Practitioner(s) Name | Registration Number |
|----------------------|---------------------|
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I am the:

☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____.

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|---|-----------|---------------|
| Signature | /Laura A. Donnelly/ | Date | July 21, 2009 |
| Name | Laura A. Donnelly | Telephone | 732-524-1729 |
| Title and Company | Assistant Patent Counsel, Johnson & Johnson | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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